



## ***Kansas Propane Safety and Licensing***

### **Class 4 – Cylinder Filling License \$50 Per Location**

Permits the holder to operate DOT cylinder filling service

Name of Applicant:		Social Security Number:	
Full Company Name: (include DBA)			
Business Street Address: Street/City/State/Zip			
Business Mailing Address: (if different from above)			
Business Telephone:	(     )	Federal ID Number:	

*Provide information for the primary contact person for the license:*

Name (Last, First)		Title	
Office Phone	Cell Phone	Home Phone	Fax Number

Insurance Company Name:			
Policy Number		Expiration Date:	

Name and address of supplier from whom you buy LP Gas: \_\_\_\_\_

Name and location of plants where you load: \_\_\_\_\_

*List all storage containers and dispensers, size and location: (attach additional list if necessary)*

WC Gallons	Location	WC Gallons	Location

*List all employees who dispense LP Gas: (attach additional list if necessary)*

Name	Name	Name	Name

***A license will not be issued unless all above questions are answered.***

DO NOT WRITE IN SPACE BELOW							
License No.		Expiration Date:		Date Issued:		Processed by:	

*Read and initial the following:*

	I have read the Kansas statutes and rules that regulate this license and will abide by them.
	I understand that all employees dispensing LP Gas are required to hold CETP or KSFM certification.
	I agree that all personnel are required to attend a mandatory safety school annually and all personnel have attended or will attend a safety school sanctioned by the Kansas State Fire Marshal's Office, the Kansas Department of Transportation, or the Kansas Highway Patrol.
	I understand that this license is non-transferable and any change in name or ownership will be reported to the Kansas State Fire Marshal's Office.

I certify that this information is true and correct. Any false or fraudulent statement or failure to comply with the rules and regulations promulgated by the Kansas State Fire Marshal or K.S.A. \_\_\_\_\_ shall be cause for suspension or revocation of the license held.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail to:** Kansas State Fire Marshal's Office  
700 SW Jackson St, Suite 600  
Topeka KS 66603-3714

Phone: (785) 296-3401  
Fax: (785) 296-0151

*Include check payable to:* Kansas State Fire Marshal's Office

(Note: This app needs to include training requirement verification.)